



C&RCFD 009

Rev 07/04

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH CARE REGULATION AND LICENSING ADMINISTRATION**



**APPLICATION TO ESTABLISH, OPERATE, AND MAINTAIN A CHILD DEVELOPMENT HOME
(Please print or type)**

Date: _____

I UNDERSTAND THAT I MUST GIVE COMPLETE AND CORRECT INFORMATION

Applicant Tax Identification Number: _____

APPLICANT	I, the undersigned hereby apply for a license to operate a child development home:			
	First	Middle	Maiden (if applicable)	Last
	Street Address:		Apt. # (if applicable):	Zip Code:
	Ward: (Check One) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8			Telephone Number:
	Fax Number:		Email Address:	

Number of children to be cared for	Ages of the children	Hours of operation

Are you married: (check one)	Yes _____	No _____		
I have lived at the above address for _____ Year(s)				
I have lived in Washington, DC for _____ Year(s)				
Ages of persons living in the house:	Children under 5 years of age	5 - 15 years of age	16 years of age and older	Total Number of persons living in the house
	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>
I live in a <input type="checkbox"/> house <input type="checkbox"/> apartment with _____ bedrooms and a total of _____ rooms.				

Give three (3) references (not relatives) who have known the person-in-charge at least three (3) years:

Name	Address/City/Zip Code	Telephone Number
1.		
2.		
3.		

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Brief description of experience caring for children:

I have read the regulations applicable to my facility and I understand that:

1. The license, when granted, will be valid for one (1) year. I can reapply before the year is over to have it renewed.
2. The license must be posted in a location where parents or guardians can see it.
3. The care provided to the children shall, at all times, protect their health, welfare and safety.
4. All health regulations for adults and children shall be met.
5. I shall keep a register showing the children's names and ages, dates accepted, discharged, and the reasons for the discharge, also the parents' and guardians' names and addresses.
6. The Director of the Department of Health or his designated representative shall have the right to inspect the above-mentioned facility and documents kept.
7. Those responsible for failing to comply with regulations shall be fined up to \$650.00.
8. If at any time there is evidence that the health, welfare and /or safety of the children is threatened, the Director of the Department of Health shall, after a hearing, order this license to be revoked.

_____ Signature of Applicant	_____ Date
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(If spouse of applicant is living in the home, his/her approval is required)

I approve of my spouse's application for a license to operate a child development home.

_____ Signature of Spouse	_____ Date
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RETURN TO: Department of Health, Health Care Regulation and Licensing Administration, Child and Residential Care Facilities Division, 825 North Capitol Street, NE, Second Floor, Washington, DC 20002 Phone: (202) 442-5929

YOU CAN MAKE A DIFFERENCE! Report violations of fraud, waste, abuse and mismanagement in DC Government to the Office of the Inspector General (OIG) by FAXING the OIG at (202) 727-9846 or calling the OIG HOTLINE at (202) 727-0267. All calls are CONFIDENTIAL.

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C&RCFD 010 (revised 07/04)